

**ATTACHMENT 1**

**NOTICE OF INTENT (NOI) INFORMATION SHEET  
NPDES GENERAL PERMIT FOR OIL AND GAS EXPLORATION FACILITIES  
ON THE OUTER CONTINENTAL SHELF IN THE CHUKCHI SEA  
(Permit Number AKG-28-8100)**

<b>APPLICANT</b> ( <i>Owner/Operator</i> )					
Owner Name:				Operator Mailing Address:	
Telephone Number:					
Operator Name:					
Telephone Number:					
<b>FACILITY</b>					
Facility Name:				Facility Mailing Address:	
Contact Name:					
Telephone Number:					
Beginning Date of Operation:		Stationary Facilities		Latitude:	
Expected Duration of Operation:				Longitude:	
Facility Type (check applicable type)	<input type="checkbox"/>	Jackup	Mobile Facilities	Initial Latitude:	
	<input type="checkbox"/>	Drill Ship		Initial Longitude:	
	<input type="checkbox"/>	Semisubmersible			
	<input type="checkbox"/>	Other (specify):			
<b>RECEIVING WATER</b>					
<input type="checkbox"/>	Chukchi Sea			<input type="checkbox"/>	Other (specify): <input type="checkbox"/>
<b>LOCATION OF DISCHARGE</b>					
BOEM	Lease Number				
	Block Number				
Range of water depths below mean lower low water (MLLW) in the lease block:		From:		To:	

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<b>Discharges</b> ( <i>check all that apply</i> )			
<input type="checkbox"/>	001 Water-Based Drilling Fluids and Drill Cuttings	Depth of Discharge:	
<input type="checkbox"/>	002 Deck Drainage	Depth of Discharge:	
<input type="checkbox"/>	003 Sanitary Waste	Depth of Discharge:	
<input type="checkbox"/>	004 Domestic Waste	Depth of Discharge:	
<input type="checkbox"/>	005 Desalination Unit Waste	Depth of Discharge:	
<input type="checkbox"/>	006 Blowout Preventer Fluid	Depth of Discharge:	
<input type="checkbox"/>	007 Boiler Blowdown	Depth of Discharge:	
<input type="checkbox"/>	008 Fire Control System Test Water	Depth of Discharge:	
<input type="checkbox"/>	009 Non-Contact Cooling Water	Depth of Discharge:	
<input type="checkbox"/>	010 Uncontaminated Ballast Water	Depth of Discharge:	
<input type="checkbox"/>	011 Bilge Water	Depth of Discharge:	
<input type="checkbox"/>	012 Excess Cement Slurry	Depth of Discharge:	
<input type="checkbox"/>	013 Mud, Cuttings, Cement at the Seafloor	Depth of Discharge:	

<b>Well Information</b>			
Well Name:		Latitude:	
Well Number:		Longitude:	
Beginning Drill Date:		Estimated Drilling Depth:	
Number of Planned Sidetrack Wells:			

<b>Drilling Fluids to be used in Well Drilling</b>					
Category ( <i>check all that apply</i> )	<input type="checkbox"/>	Water-based	Group ( <i>check all that apply</i> )	<input type="checkbox"/>	Lignosulfonate
	<input type="checkbox"/>	Oil-based		<input type="checkbox"/>	Lime
	<input type="checkbox"/>	Synthetic-based		<input type="checkbox"/>	Gyp
	<input type="checkbox"/>	Other ( <i>specify</i> ):		<input type="checkbox"/>	Sea-water
Provide a description of the disposal practice of oil-based, synthetic-based, or other drilling fluids proposed to be used in well drilling.			<input type="checkbox"/>	Saltwater	
			<input type="checkbox"/>	Saturated Saltwater	
			<input type="checkbox"/>	Nondispersed (Viscosifier/Polymer) PH/PA	

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**The applicant must submit the following information with the Notice of Intent.**

Site Map	<input type="checkbox"/>	Included	Submit a site map showing the exact location of the facility and discharges associated with the project. Mobile facilities must indicate the intended areas of operation, a description of operations within those areas, and the initial latitude and longitude of the facility.
Initial Site Survey	<input type="checkbox"/>	Included	Submit an initial site survey; if available at NOI submittal date, document the drill site is not located in a sensitive biological area or habitat.
Treatment Process/Disposal Practice	<input type="checkbox"/>	Included	Submit a detailed description of the disposal mechanism of the facility, the treatment processes, and disposal practices (e.g., backhauled, reinjected, discharged).
Line Drawing and Flow Balance	<input type="checkbox"/>	Included	Submit a line drawing that shows the flow, including rates/volumes of each discharged waste streams through facility. The line drawing must contain a flow balance showing average and maximum flow rates between intakes, operations, treatment units, and outfalls. Submit a list identifying all outfalls associated with each Discharge Number and the outfalls' locations. The line drawing must include all outfalls for each Discharge Number.
Discharge Rate/Volume	<input type="checkbox"/>	Included	Submit a table summarizing the discharge rates (e.g., volumes per day or per hour) for the requested waste streams per well and total volumes per well.
Environmental Monitoring Program (EMP) Plan of Study	<input type="checkbox"/>	Included	Submit an EMP Plan of Study (Section II.A.13.d.).
Environmental Reports and Related Plans	<input type="checkbox"/>	Included	Provide copies of any exploration plans, biological surveys, and environmental reports required by other federal agencies (e.g., BOEM, BSEE, USFWS, and NMFS).
Drilling Fluid Plan	<input type="checkbox"/>	Included	Submit a plan for the formulation and control of drilling fluid/chemical additive systems for each well.
Best Management Practices (BMP) Plan	<input type="checkbox"/>	Included	Submit the BMP Plan that incorporates practices to achieve the objectives and specific requirements of the permit.
Quality Assurance Project Plan (QAPP)	<input type="checkbox"/>	Included	Submit a quality assurance project plan (QAPP) for all monitoring required by this general permit.
Chemical Selection	<input type="checkbox"/>	Included	List chemicals to be used during the drilling process and identify those that meet Norway's "green" classification.
Cooling Water Intake Structure Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> Track I <input type="checkbox"/> Track II <input type="checkbox"/> No		Indicate whether the facility meets the applicability criteria, and if so, the applicant's intent to comply with either Track I or Track II requirements.

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**Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature:		Date:	
Printed Name:		Title:	

**Mail Completed NOI to EPA at the following address:**

US EPA  
1200 6<sup>th</sup> Avenue, Suite 900, M/S OWW-130  
Seattle, WA 98101